

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

### 1991 PANEL

## WAVE 1 QUESTIONNAIRE

**NOTICE** — Your report to the Census Bureau is **confidential** by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

P G M	<b>1.</b> Book _____ of _____	<b>2.</b> ( <i>cc 1</i> ) R.O. code _____	<b>3a.</b> ( <i>cc 2</i> ) PSU      Segment      Serial      Sample      Check digit						<b>b.</b> ( <i>cc 3</i> ) Add. ID _____
							1	1	
<b>4.</b> ( <i>cc 17</i> ) <b>a.</b> Entry Add. ID _____ <b>b.</b> PERSON Number ( <i>cc 18</i> ) _____ <b>c.</b> Name ( <i>cc 19a</i> ) First _____ Middle initial _____									
<b>5. PERSON CHARACTERISTICS — Fill a,b,c, and d using the Control Card</b> <b>a.</b> Relationship code ( <i>cc 19b</i> ) _____ Month      Day      Year      Sex code ( <i>cc 28</i> )      Marital status code ( <i>cc 26a</i> )									
<b>6. Field Representative identification</b> Code      Name									

## 7. PERSON INTERVIEW STATUS

### a. Interview

- ☐
- Self

- 2
- ☐
- Prox

(Enter person number)

SKIP  
to  
8

**b. Noninterview**

- ☐ Type Z refusal

- 2
- ☐
- Type Z other

**8.** Date of interview for this person

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Fill start time in 9a, then go to Introduction

**9a.** Interview time for this person

	Initial visit	Callback visit
Start time →	a.m. p.m.	a.m. p.m.
Finish time →	a.m. p.m.	a.m. p.m.

**b.** Total interview time for this person

--	--	--

Minutes

**10a.** Field Representative edit time

Start time -

a.m.

p.m.

Finish time

a.m.

p.m.

**b. Total Field Representative edit time**

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Minutes

## INTRODUCTION

**FIELD REPRESENTATIVE INSTRUCTIONS** — Read introduction once to each respondent. Do not repeat to another respondent who was in the room when you earlier read the introduction.

**This survey is about the economic situation of people living in the United States. Most of the questions will be about . . . 's activities during \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. Here is a calendar that shows the 4 months we will be talking about. (Hand respondent Flashcard J) This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.**

**We need the most accurate and complete information possible. Please think carefully about each question, search your memory and take your time in answering. For some of the questions it will help to look up the answers by checking whatever records are available to you here.**

## NOTES

## Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

- 1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did ... have a job or business, either full time or part time, even for only a few days?**

Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

- 1 ☐ Yes — Mark "Worked" (code 170) on ISS and SKIP to 4

- 2 ☐ No

- 2a. Even though ... did not have a job during this period, did ... spend any time looking for work or on layoff from a job?**

1002

- 1 ☐ Yes

- 2 ☐ No — SKIP to 3a

- b. Please look at the calendar. In which weeks was ... looking for work or on layoff from a job?**

Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1004

x5 ☐ ALL

1006

☐ 1

1018

☐ 7

1030

☐ 13

1008

☐ 2

1020

☐ 8

1032

☐ 14

1010

☐ 3

1022

☐ 9

1034

☐ 15

1012

☐ 4

1024

☐ 10

1036

☐ 16

1014

☐ 5

1026

☐ 11

1038

☐ 17

1016

☐ 6

1028

☐ 12

1040

☐ 18

- c. Could ... have taken a job during any of those weeks if one had been offered?**

1042

- 1 ☐ Yes — SKIP to 3a

- 2 ☐ No

- d. What was the main reason ... could not take a job during those weeks?**

Mark (X) only one.

1044

- 1 ☐ Already had a job

- 2 ☐ Temporary illness

- 3 ☐ School

- 4 ☐ Other — Specify

- 3a. Even though ... did not have a job during this period, did ... do any work at all that earned some money?**

1046

- 1 ☐ Yes — Mark "55" on ISS

- 2 ☐ No — SKIP to 9a, page 4

- b. In which of the months shown on this calendar did ... do that work?**

Mark (X) all that apply.

1048

- 1 ☐ Last month

1050

- 2 ☐ 2 months ago

1052

- 3 ☐ 3 months ago

1054

- 4 ☐ 4 months ago

SKIP to 9a, page 4

- 4. Did ... have a job or business, either full or part time, during EACH of the weeks in this period?**

Note that the person did **not** have to **work** each week.

1056

- 1 ☐ Yes

- 2 ☐ No — SKIP to 6a

- 5a. Was ... absent without pay from ...'s job or business for any FULL weeks during the 4-month period?**

1058

- 1 ☐ Yes

- 2 ☐ No — SKIP to 8a, page 4

- b. Please look at the calendar. In which weeks was ... absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1060

x5 ☐ ALL

1062

☐ 1

1074

☐ 7

1086

☐ 13

1064

☐ 2

1076

☐ 8

1088

☐ 14

1066

☐ 3

1078

☐ 9

1090

☐ 15

1068

☐ 4

1080

☐ 10

1092

☐ 16

1070

☐ 5

1082

☐ 11

1094

☐ 17

1072

☐ 6

1084

☐ 12

1096

☐ 18

- c. What was the main reason ... was absent without pay from ...'s job or business during those weeks?**

Mark (X) only one.

1098

- 1 ☐ On layoff

- 2 ☐ Own illness

- 3 ☐ On vacation

- 4 ☐ Bad weather

- 5 ☐ Labor dispute

- 6 ☐ New job to begin within 30 days

- 7 ☐ Other — Specify

SKIP  
to  
8a,  
page  
4

NOTES

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

(SHOW FLASHCARD J)

- 6a.** Please look at the calendar. In which weeks did ... have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

<b>1100</b> <input type="checkbox"/> 1	<b>1112</b> <input type="checkbox"/> 7	<b>1124</b> <input type="checkbox"/> 13
<b>1102</b> <input type="checkbox"/> 2	<b>1114</b> <input type="checkbox"/> 8	<b>1126</b> <input type="checkbox"/> 14
<b>1104</b> <input type="checkbox"/> 3	<b>1116</b> <input type="checkbox"/> 9	<b>1128</b> <input type="checkbox"/> 15
<b>1106</b> <input type="checkbox"/> 4	<b>1118</b> <input type="checkbox"/> 10	<b>1130</b> <input type="checkbox"/> 16
<b>1108</b> <input type="checkbox"/> 5	<b>1120</b> <input type="checkbox"/> 11	<b>1132</b> <input type="checkbox"/> 17
<b>1110</b> <input type="checkbox"/> 6	<b>1122</b> <input type="checkbox"/> 12	<b>1134</b> <input type="checkbox"/> 18

- b.** Of those weeks that ... had a job or business, was ... absent from work for any full weeks without pay?

**1136** ☐ 1 Yes  
☐ 2 No — SKIP to 7a

- c.** In which weeks was ... absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

<b>1138</b> <input type="checkbox"/> 1	<b>1150</b> <input type="checkbox"/> 7	<b>1162</b> <input type="checkbox"/> 13
<b>1140</b> <input type="checkbox"/> 2	<b>1152</b> <input type="checkbox"/> 8	<b>1164</b> <input type="checkbox"/> 14
<b>1142</b> <input type="checkbox"/> 3	<b>1154</b> <input type="checkbox"/> 9	<b>1166</b> <input type="checkbox"/> 15
<b>1144</b> <input type="checkbox"/> 4	<b>1156</b> <input type="checkbox"/> 10	<b>1168</b> <input type="checkbox"/> 16
<b>1146</b> <input type="checkbox"/> 5	<b>1158</b> <input type="checkbox"/> 11	<b>1170</b> <input type="checkbox"/> 17
<b>1148</b> <input type="checkbox"/> 6	<b>1160</b> <input type="checkbox"/> 12	<b>1172</b> <input type="checkbox"/> 18

- d.** What was the main reason ... was absent from ...'s job or business during those weeks?

Mark (X) only one.

**1174** ☐ 1 On layoff  
☐ 2 Own illness  
☐ 3 On vacation  
☐ 4 Bad weather  
☐ 5 Labor dispute  
☐ 6 New job to begin within 30 days  
☐ 7 Other — Specify

- 7a.** I have marked that there were some weeks in this period in which ... did NOT have a job or business. During that week or weeks did ... spend any time looking for work or on layoff?

**1176** ☐ 1 Yes  
☐ 2 No — SKIP to 7e

- b.** In which of these weeks was ... looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

**1178** x5 ☐ All weeks without a job

<b>1180</b> <input type="checkbox"/> 1	<b>1192</b> <input type="checkbox"/> 7	<b>1204</b> <input type="checkbox"/> 13
<b>1182</b> <input type="checkbox"/> 2	<b>1194</b> <input type="checkbox"/> 8	<b>1206</b> <input type="checkbox"/> 14
<b>1184</b> <input type="checkbox"/> 3	<b>1196</b> <input type="checkbox"/> 9	<b>1208</b> <input type="checkbox"/> 15
<b>1186</b> <input type="checkbox"/> 4	<b>1198</b> <input type="checkbox"/> 10	<b>1210</b> <input type="checkbox"/> 16
<b>1188</b> <input type="checkbox"/> 5	<b>1200</b> <input type="checkbox"/> 11	<b>1212</b> <input type="checkbox"/> 17
<b>1190</b> <input type="checkbox"/> 6	<b>1202</b> <input type="checkbox"/> 12	<b>1214</b> <input type="checkbox"/> 18

- c.** Could ... have taken a job during those weeks if one had been offered?

**1216** ☐ 1 Yes — Skip to 7e  
☐ 2 No

- d.** What was the main reason ... could not take a job during those weeks?

Mark (X) only one.

**1218** ☐ 1 Already had a job  
☐ 2 Temporary illness  
☐ 3 School  
☐ 4 Other — Specify

- e.** During the weeks that ... did not have a job, did ... do any work at all that earned some money?

**1220** ☐ 1 Yes — Mark "55" on ISS  
☐ 2 No — SKIP to 8a, page 4

- f.** In which of the months shown on this calendar did ... do that work?

Mark (X) all that apply.

**1222** ☐ 1 Last month  
**1224** ☐ 2 2 months ago  
**1226** ☐ 3 3 months ago  
**1228** ☐ 4 4 months ago

NOTES



# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**8a.** In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?

**1230**   Hours per week  
x3 ☐ None  
x1 ☐ DK } SKIP to 9a

**CHECK  
ITEM R3**

Refer to item 8a.

Did . . . usually work 35 or more hours per week?

**1231** 1 ☐ Yes  
2 ☐ No — SKIP to 8c

**8b.** Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.

**1232** 1 ☐ Yes  
2 ☐ No — SKIP to 9a

**c.** How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?

**1233** x5 ☐ All weeks  
**1234** ☐ Weeks Last month  
**1235** ☐ Weeks 2 months ago  
**1236** ☐ Weeks 3 months ago  
**1237** ☐ Weeks 4 months ago

**d.** What was the main reason . . . worked fewer than 35 hours in those weeks?

Mark (X) only one.

**1238** 1 ☐ Could not find a full-time job  
2 ☐ Wanted to work part time  
3 ☐ Health condition or disability  
4 ☐ Normal working hours are fewer than 35 hours  
5 ☐ Slack work or material shortage  
6 ☐ Other — Specify.

**9a.** During this 4-month period, did . . . receive any State unemployment compensation payments?

**1240** 1 ☐ Yes — Mark "5" on ISS  
2 ☐ No — SKIP to Check Item R4

**b.** During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?

**1242** 1 ☐ Yes — Mark "6" on ISS  
2 ☐ No

**CHECK  
ITEM R4**

Is "Worked" (code 170) marked on the ISS?

**1244** 1 ☐ Yes  
2 ☐ No — SKIP to Check Item R5

**10.** During this 4-month period did . . . receive any money from workers' compensation for any kind of job-related illness or injury?

**1246** 1 ☐ Yes — Mark "10" on ISS  
2 ☐ No

**CHECK  
ITEM R5**

Refer to cc items 32a and 32c.

Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)

**1330** 1 ☐ Yes  
2 ☐ No — SKIP to Check Item R6

**11a.** How long did . . . serve on active duty in the Armed Forces?

**1332** 1 ☐ Less than 6 months  
2 ☐ 6 to 23 months  
3 ☐ 2 to 19 years  
4 ☐ 20 or more years  
x1 ☐ DK

**b.** Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?

**1334** 1 ☐ Yes  
2 ☐ No }  
x1 ☐ DK } SKIP to 11d

**c.** What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)

**1336**    Percent }  
x3 ☐ 0 % } Mark "200" on ISS if rating is 100%; Otherwise, mark "201"  
x1 ☐ DK  
x2 ☐ Ref.  
101 ☐ No rating

**d.** During this 4-month period did . . . receive any payments from the Veterans' Administration? (Exclude regular military retirement pay, insurance proceeds and GI Bill benefits.)

**1338** 1 ☐ Yes — Mark "8" on ISS  
2 ☐ No

**CHECK  
ITEM R6**

Refer to cc item 24.

Is . . . 18 years of age or older?

**1340** 1 ☐ Yes  
2 ☐ No — SKIP to 15a

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)	
<b>12a.</b> During this 4-month period, did . . . receive any Social Security payments?	<b>1342</b> 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R8
<b>b.</b> What is the reason . . . is getting Social Security, is it because . . . is (Read categories) — Mark (X) only one.	<b>1344</b> 1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason } SKIP to 13a x1 <input type="checkbox"/> DK
<b>c.</b> Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?	<b>1346</b> 1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK
<b>CHECK ITEM R7</b> Is "Disabled" marked in item 12b or 12c above?	<b>1348</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 13a
<b>12d.</b> At what age did . . . begin receiving Social Security because of (his/her) disability?	<b>1349</b> <input type="text"/> <input type="text"/> Age in years } SKIP to 13a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM R8</b> Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	<b>1350</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 13a
<b>12e.</b> During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?	<b>1352</b> 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
<b>13a.</b> During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?	<b>1354</b> 1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R9
<b>b.</b> Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?	<b>1356</b> 1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R9</b> Refer to cc item 24. Is . . . 40 years of age or older?	<b>1358</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15a
<b>14a.</b> Has . . . ever retired from a job or business? (Include retirement from the military.)	<b>1360</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R10
<b>b.</b> During the 4-month period did . . . receive any retirement income other than Social Security?	<b>1362</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 14d
<b>c.</b> What kind of retirement income? Anything else? Mark (X) all that apply.	<b>1364</b> 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS <b>1366</b> 2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS <b>1368</b> 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS <b>1370</b> 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS <b>1372</b> 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS <b>1374</b> 6 <input type="checkbox"/> State government pension — Mark "34" on ISS <b>1376</b> 7 <input type="checkbox"/> Local government pension — Mark "35" on ISS <b>1378</b> 8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS. <b>1380</b> <input type="text"/> <input type="text"/>
<b>d.</b> During this 4-month period did . . . receive any regular income from a paid-up life insurance policy or any other annuities?	<b>1382</b> 1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R10</b> Refer to cc item 24. Is . . . 70 years of age or older?	<b>1384</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item R11 2 <input type="checkbox"/> No
<b>15a.</b> Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	<b>1386</b> 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R11
<b>b.</b> During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)	<b>1388</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item R11 x1 <input type="checkbox"/> DK



# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

## 15c. What kind of income? Anything else?

Mark (X) all that apply.

- 1390 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1392 ☐ Black Lung benefits — Mark "9" on ISS
- 1394 ☐ Workers' Compensation — Mark "10" on ISS
- 1396 ☐ Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
- 1398 ☐ Pension from company or union — Mark "30" on ISS
- 1400 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1402 ☐ U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS
- 1406 ☐ State government pension — Mark "34" on ISS
- 1408 ☐ Local government pension — Mark "35" on ISS
- 1410 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1412 ☐

### CHECK ITEM R11

Refer to cc item 26a.

What is ... 's marital status?

- 1414 ☐ Married — SKIP to 17
- ☐ Widowed — SKIP to 19a
- ☐ Divorced
- ☐ Separated
- ☐ Never married — SKIP to Check Item R12

## 16. Did ... receive any alimony (or support payments other than child support) during the 4-month period?

- 1416 ☐ Yes — Mark "29" on ISS and SKIP to Check Item R12
- ☐ No
- x1 ☐ DK } SKIP to Check Item R12
- x2 ☐ Ref.

## 17. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has ... ever been widowed or divorced?

If "Yes," mark previous marital status.

- 1418 ☐ Widowed — SKIP to 19a
- ☐ Divorced
- ☐ Both widowed and divorced
- ☐ No — SKIP to Check Item R15

### CHECK ITEM R12

Refer to cc items 24, 25, and 27.

Is ... the parent or guardian of children under 21 years old who live in this household?

- 1420 ☐ Yes
- ☐ No — SKIP to Check Item R13

## 18. Did ... receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)

- 1422 ☐ Yes — Mark "28" on ISS
- ☐ No
- x1 ☐ DK
- x2 ☐ Ref.

### CHECK ITEM R13

Is "Both widowed and divorced" (box 3) marked in item 17?

- 1424 ☐ Yes
- ☐ No — SKIP to Check Item R15

## 19a. During this 4-month period, did ... receive any pensions or annuities as a widow(er) (other than Social Security)?

- 1426 ☐ Yes
- ☐ No
- x1 ☐ DK } SKIP to Check Item R15

## b. What kind of income was this?

Was there anything else?

(SHOW FLASHCARD K)

Mark (X) all that apply.

- 1428 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1430 ☐ Veterans' Compensation or pension — Mark "8" on ISS
- 1432 ☐ Black Lung benefits — Mark "9" on ISS
- 1434 ☐ Pension from company or union — Mark "30" on ISS
- 1436 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1438 ☐ U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS
- 1440 ☐ National Guard or Reserve Forces retirement — Mark "33" on ISS
- 1442 ☐ State government pension — Mark "34" on ISS
- 1444 ☐ Local government pension — Mark "35" on ISS
- 1446 ☐ Income from paid up life insurance policies or annuities — Mark "36" on ISS
- 1448 ☐ Payments from estate or trust — Mark "37" on ISS
- 1450 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1452 ☐

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>CHECK ITEM R14</b>	Is "Veterans' Compensation or pension" (box 2) marked in item 19b?	<b>1454</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R15
<b>19c.</b>	Did ...'s late spouse die while in the service or from a service-related injury?	<b>1456</b>	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
<b>CHECK ITEM R15</b>	Refer to cc item 24. Is ... 65 years of age or older?	<b>1458</b>	1 <input type="checkbox"/> Yes — SKIP to 20a 2 <input type="checkbox"/> No
<b>CHECK ITEM R16</b>	Refer to item 15a, page 5. Does ... have a work disability?	<b>1460</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R17
<b>20a.</b>	Medicare is a health insurance program for disabled persons and persons 65 or older. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was ... covered by Medicare?	<b>1462</b>	1 <input type="checkbox"/> Yes — Mark "172" on ISS 2 <input type="checkbox"/> No } SKIP to Check Item R17 X1 <input type="checkbox"/> DK
<b>b.</b>	May I see ...'s Medicare card to record the claim number and type of coverage?  ★	<b>1464</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> </div>
		<b>1468</b>	TYPE OF COVERAGE 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Type A and B) 4 <input type="checkbox"/> Card not available — ASK 20c
<b>c.</b>	If I were to call later would you be able to provide me with ...'s Medicare number? (This information is especially important for the purposes of this survey.)	<b>1470</b>	1 <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 2 2 <input type="checkbox"/> No
<b>d.</b>	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does ...'s Medicare help pay for doctor bills?	<b>1472</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>CHECK ITEM R17</b>	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 years old who live in this household?	<b>1474</b>	1 <input type="checkbox"/> Yes — SKIP to Check Item R19 2 <input type="checkbox"/> No
<b>CHECK ITEM R18</b>	Refer to cc item 24. Is ... 18 years of age or older?	<b>1476</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 24a
<b>CHECK ITEM R19</b>	Interview status of ...'s spouse.	<b>1480</b>	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to 23a
<b>21.</b>	Was ... (or ...'s spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	<b>1482</b>	1 <input type="checkbox"/> Yes — Mark "27" on ISS 2 <input type="checkbox"/> No
<b>22a.</b>	During the 4-month period, did ... receive any welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for ... or ...'s children)? (Exclude energy assistance.)	<b>1484</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 23a
<b>b.</b>	What kind of welfare did ... receive? Anything else? Mark (X) all that apply.	<b>1486</b> <b>1488</b> <b>1490</b> <b>1492</b> <b>1494</b> <b>1496</b> <b>1498</b>	1 <input type="checkbox"/> AFDC — Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief — Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance — Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care — Mark "23" on ISS 5 <input type="checkbox"/> WIC — Mark "25" on ISS 6 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or DK, enter code "24" — Mark ISS
<b>23a.</b>	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period was ... covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	<b>1502</b>	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R20</b>	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 years old who live in this household?	<b>1506</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R21
<b>23b.</b>	Were any of ...'s children (under 18) covered by (Use local name for Medicaid)?	<b>1508</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R21



# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>23c. Which children were covered?</b>		1510	x5 <input type="checkbox"/> All children OR Person No. Name
		1512	<input type="checkbox"/>
		1514	<input type="checkbox"/>
		1516	<input type="checkbox"/>
		1518	<input type="checkbox"/>
		1520	<input type="checkbox"/>
<b>CHECK ITEM R21</b>	Refer to items 23a and 23b. Is "Yes" marked in either of these items?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 24a
<b>23d. Was (. . ./and) . . . 's children) covered during the entire 4-month period?</b>		1526	1 <input type="checkbox"/> Yes — SKIP to 24a 2 <input type="checkbox"/> No
<b>e. In which months was (. . ./and) . . . 's children) covered?</b> Mark (X) all that apply.		1528	1 <input type="checkbox"/> Last month
		1530	2 <input type="checkbox"/> 2 months ago
		1532	3 <input type="checkbox"/> 3 months ago
		1534	4 <input type="checkbox"/> 4 months ago
<b>24a. Was . . . covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)</b>		1536	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R22
<b>ASK OR VERIFY —</b>			
<b>b. Was . . . covered by a health insurance plan during the entire 4-month period?</b>		1538	1 <input type="checkbox"/> Yes — SKIP to 24d 2 <input type="checkbox"/> No
<b>c. In which months was . . . covered?</b> Mark (X) all that apply.		1540	1 <input type="checkbox"/> Last month
		1542	2 <input type="checkbox"/> 2 months ago
		1544	3 <input type="checkbox"/> 3 months ago
		1546	4 <input type="checkbox"/> 4 months ago
<b>d. Was . . . 's health insurance coverage from a plan in . . . 's own name (primary policy holder), or was . . . covered as a family member on someone else's plan?</b>		1547	1 <input type="checkbox"/> Plan in own name — SKIP to 24f 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both — SKIP to 24f
<b>e. Whose plan covered . . . ?</b>			
			Household member Person No. Name
		1548	<input type="checkbox"/>
			x4 <input type="checkbox"/> Not a Household member
<b>f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?</b>		1549	1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK } SKIP to 24h
<b>g. Did . . . 's employer or union (former employer) pay all, part, or none of the cost of this plan?</b>		1550	1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None
<b>h. Was . . . 's plan an individual plan or a family plan?</b>		1552	1 <input type="checkbox"/> Individual — SKIP to Check Item R22 2 <input type="checkbox"/> Family
<b>i. Other than . . . , which persons in this household were covered by . . . 's plan? (Include children as well as adults.)</b>		1554	x5 <input type="checkbox"/> All persons Person No. Name
		1556	<input type="checkbox"/>
		1558	<input type="checkbox"/>
		1560	<input type="checkbox"/>
		1562	<input type="checkbox"/>
		1564	<input type="checkbox"/>
		1566	x3 <input type="checkbox"/> None
<b>j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months? Mark (X) all that apply. If "Yes," "Who did the plan cover?"</b>		1567	1 <input type="checkbox"/> Yes, spouse
		1568	2 <input type="checkbox"/> Yes, child(ren)
		1569	3 <input type="checkbox"/> Yes, someone else
		1570	4 <input type="checkbox"/> No



# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**CHECK  
ITEM R22**

Refer to cc item 27.

Is . . . the designated parent or guardian of children under 15 years old who live in this household?

1572

- 1 ☐ Yes  
2 ☐ No — SKIP to 25

ASK OR VERIFY —

**24k.** Were all of . . . 's children under 15 years old covered by a health insurance plan?  
(Include CHAMPUS, CHAMPVA, and military plans.)  
(Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)

1574

- 1 ☐ Yes — SKIP to 24m  
2 ☐ No

**l.** Which children were covered by a health insurance plan?

Person No. Name

1575

1576

1577

1578

1579

OR

1580

- x3 ☐ None — SKIP to 25

**m.** Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?

1581

- 1 ☐ Yes — Which children?

Person No. Name

1582

1583

1584

1585

1586

1587

- 2 ☐ No

**25.** Excluding IRA, Keogh, and 401K accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?

1624

- 1 ☐ Yes  
2 ☐ No — SKIP to 27a

**26.** Did . . . have any —

1626

**a.** Regular or passbook savings accounts?

- 1 ☐ Yes — Mark "100" on ISS  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

**b.** Money market deposit accounts?

1628

- 1 ☐ Yes — Mark "101" on ISS  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

**c.** Certificates of deposit or other savings certificates?

1630

- 1 ☐ Yes — Mark "102" on ISS  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

**d.** Interest-earning checking accounts (such as NOW or Super NOW accounts)?

1632

- 1 ☐ Yes — Mark "103" on ISS  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

**27a.** Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages or bonds at any time during the 4-month period? (Exclude IRA, Keogh, and 401K accounts.)

1634

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref. } SKIP to 28

(SHOW FLASHCARD N)

**b.** Which kinds of these assets did . . . own?

1636

1638

1640

1642

1644

1646

- 1 ☐ Money market funds — Mark "104" on ISS  
2 ☐ U.S. Government securities — Mark "105" on ISS  
3 ☐ Municipal or corporate bonds — Mark "106" on ISS  
4 ☐ Mortgages — Mark "130" on ISS  
5 ☐ U.S. Savings Bonds (E, EE) — Mark "174" on ISS  
6 ☐ Other — Specify and mark "107" on ISS

Any others?

(Exclude IRA, Keogh, and 401K accounts.)

Mark (X) all that apply.

# **Section 1 — LABOR FORCE AND RECIPIENCY (Continued)**

<b>28. During the 4-month period did . . . have any —</b> <b>(Exclude IRA, Keogh, and 401k accounts.)</b>	<b>1648</b> 1 <input type="checkbox"/> Yes — Mark "110" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>a. Stocks or mutual fund shares?</b>	
<b>b. Rental property?</b>	<b>1650</b> 1 <input type="checkbox"/> Yes — Mark "120" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>c. Royalties?</b>	<b>1652</b> 1 <input type="checkbox"/> Yes — Mark "140" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?</b>	<b>1654</b> 1 <input type="checkbox"/> Yes — Specify and mark "150" on ISS _____ 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>29a. Was . . . enrolled in school, either full-time or part-time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</b>	<b>1656</b> 1 <input type="checkbox"/> Yes, full-time 2 <input type="checkbox"/> Yes, part-time 3 <input type="checkbox"/> No — SKIP to Check Item R23
<b>b. During which months was . . . enrolled?</b> <i>Mark (X) all that apply.</i>	<b>1658</b> 1 <input type="checkbox"/> All months <b>1660</b> 2 <input type="checkbox"/> Last month <b>1662</b> 3 <input type="checkbox"/> 2 months ago <b>1664</b> 4 <input type="checkbox"/> 3 months ago <b>1666</b> 5 <input type="checkbox"/> 4 months ago
<b>c. At what level or grade was . . . enrolled?</b> <i>(If enrolled at more than one level during this period, check most recent level.)</i>	<b>1668</b> 1 <input type="checkbox"/> Elementary grades 1—8 } SKIP to Check 2 <input type="checkbox"/> High school grades 9—12 } Item R23 3 <input type="checkbox"/> College year 1 4 <input type="checkbox"/> College year 2 5 <input type="checkbox"/> College year 3 6 <input type="checkbox"/> College year 4 7 <input type="checkbox"/> College year 5 8 <input type="checkbox"/> College year 6 9 <input type="checkbox"/> Vocational school 10 <input type="checkbox"/> Technical school 11 <input type="checkbox"/> Business school
<b>30a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct Student Loan, or any other type of scholarship or grant?</b>	<b>1670</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R23
<b>b. What kind of educational assistance did . . . receive? Anything else?</b> <i>Mark (X) all that apply.</i>	<b>1672</b> 1 <input type="checkbox"/> GI Bill — Mark "40" on ISS <b>1674</b> 2 <input type="checkbox"/> Other Veterans' Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS <b>1676</b> 3 <input type="checkbox"/> College Work Study — Mark "175" on ISS <b>1678</b> 4 <input type="checkbox"/> PELL Grant — Mark "176" on ISS <b>1680</b> 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS <b>1682</b> 6 <input type="checkbox"/> National Direct Student Loan (NDSL) — Mark "178" on ISS <b>1684</b> 7 <input type="checkbox"/> Guaranteed Student Loan — Mark "179" on ISS <b>1686</b> 8 <input type="checkbox"/> JTPA Training — Mark "180" on ISS <b>1688</b> 9 <input type="checkbox"/> Employer Assistance — Mark "181" on ISS <b>1690</b> 10 <input type="checkbox"/> Fellowship/Scholarship — Mark "182" on ISS <b>1692</b> 11 <input type="checkbox"/> Other financial aid — Mark "183" on ISS
<b>CHECK ITEM R23</b> Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?	<b>1694</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R24
<b>31. ASK OR VERIFY — Is . . . 's spouse in the Armed Forces?</b>	<b>1696</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No



# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK  
ITEM R24

Are any codes (excluding 171 — 173, 200, and 201) marked on the ISS?

1698

- 1 ☐ Yes  
2 ☐ No — SKIP to 33a

32a. You said that during the 4-month period . . .  
received income from — (Read all items marked on  
the ISS, except codes 171 — 173, 200, and 201.)  
Is that correct?

1700

- 1 ☐ Yes  
2 ☐ No — Probe and resolve (Make corrections to  
ISS if necessary)

b. Did . . . receive income from any other source  
such as financial help from someone outside the  
household, payments from the government or  
anything else?

1702

- 1 ☐ Yes — SKIP to 33b  
2 ☐ No — SKIP to Check Item E1, page 13

33a. I have not recorded any sources of income for . . .  
during the 4-month period. Did . . . receive income  
from some source we have not covered, such as  
financial help from someone outside the  
household, payments from the government or  
anything else?

1704

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item P1, page 45

b. What kind of income did . . . receive?  
Anything else?

Enter codes from income source list and mark ISS.

1706

--	--	--	--

1708

--	--	--	--

1710

--	--	--	--

NOTES

NOTES

EARNINGS AND EMPLOYMENT



## Section 2 — EARNINGS AND EMPLOYMENT

**CHECK  
ITEM E1**

Is "Worked" (code 170) marked on ISS?

**1712**

- 1 ☐ Yes  
2 ☐ No — *SKIP to First ISS Code marked or Check Item P1, page 45*

**1 a.** You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?  
(Include unpaid worker in family business or farm as working for an employer.)

**1714**

- 1 ☐ Worked for employer only  
2 ☐ Self-employed only — *SKIP to Statement B, page 18*  
3 ☐ Both worked for employer and self-employed

**b.** How many different employers did . . . work for during this 4-month period?

**1716**

- 1 ☐ 1 employer  
2 ☐ 2 employers  
3 ☐ 3 or more employers

**CHECK  
ITEM E2**

Is "Both worked for employer and self-employed" (box 3) marked in item 1a?

**1718**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 2a*

**STATEMENT A**

. . . worked for an employer and was also self-employed. The first questions will be about . . . 's work for an employer.

NOTES

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part A1 — EMPLOYER IDENTIFICATION NUMBER 1

<b>2a.</b> What is the name of the employer for whom ... worked during this 4-month period? <i>(If worked for 2 employers, enter one employer here and the other in part A2, page 16. If worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom ... worked the most hours.)</i>	PGM 8	Employer name
	2000	
<b>CHECK ITEM E3</b> Enter number "1" for this employer in box.	PGM 8	Employer I.D. No.
	2002	<input type="checkbox"/>
<b>2b.</b> What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.  ASK OR VERIFY —	PGM 8	
	2006	
<b>c.</b> Is it mainly —	PGM 8	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
	2006	
<b>d.</b> What kind of work was ... doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8	
	2008	
<b>e.</b> What were ...'s main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.  ASK OR VERIFY —	PGM 8	
	2010	
<b>f.</b> Was ... an employee of —	PGM 8	1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?
	2012	
<b>3a.</b> Was ... employed by (Name of employer) during the entire 4-month period?	PGM 7	1 <input type="checkbox"/> Yes — SKIP to 4 2 <input type="checkbox"/> No
	2014	
<b>b.</b> When was ... employed by (Name of employer) during this 4-month period?	2016	FROM <input type="text"/> Month <input type="text"/> Day
	2020	TO <input type="text"/> Month <input type="text"/> Day
<b>CHECK ITEM E3.1</b> Did ... stop working for this employer during the reference period?	2023	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4
	2023	
<b>3c.</b> What is the main reason ... stopped working for (Name of employer)? Mark (X) only one	2024	1 <input type="checkbox"/> Laid off 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Discharged 5 <input type="checkbox"/> Job was temporary and ended 6 <input type="checkbox"/> Quit to take another job 7 <input type="checkbox"/> Quit for some other reason
	2024	
<b>4.</b> ASK OR VERIFY — How many hours per week did ... usually work at this job?	2025	<input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
	2025	
<b>5.</b> Was ... paid by the hour on this job?	2026	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 7a
	2026	
<b>6.</b> What was ...'s regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?	2028	\$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E5
	2028	
<b>7a.</b> During the 4-month period how often was ... paid on this job?	2029	1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm — SKIP to Check Item E5 6 <input type="checkbox"/> Some other way — Specify
	2029	
<b>b.</b> On what date was ... last paid during this 4-month period?	2030	<input type="text"/> Month <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period
	2031	<input type="text"/> Month <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period



## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part A1 — EMPLOYER IDENTIFICATION NUMBER 1(Continued)

#### 8a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES —  
(Be sure to include cash housing allowances and any other special types of pay.)



LAST MONTH

2032 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

FIELD REPRESENTATIVE  
USE ONLY

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

2 MONTHS AGO

2034 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

3 MONTHS AGO

2036 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

4 MONTHS AGO

2038 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

CHECK  
ITEM E4

Is "DK" marked in all parts of item 8a?

2040

1 ☐ Yes

2 ☐ No — SKIP to 9a

8b. If I were to call back later would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2042

1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 3a

2 ☐ No

9a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

2044

1 ☐ Yes — SKIP to Check Item E5

2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

2046

1 ☐ Yes

2 ☐ No

CHECK  
ITEM E5

Number of employers in item 1b, page 13?

2048

1 ☐ 1 employer — SKIP to Check Item E8, page 17

2 ☐ 2 or more employers

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part A2 — EMPLOYER IDENTIFICATION NUMBER 2

<b>10a.</b> What is the name of the employer for whom ... worked during this 4-month period? <i>(If ... worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom ... worked the most hours.)</i>	PGM 8 2100	Employer name
<b>CHECK ITEM E6</b> Enter number "2" for this employer in box.	PGM 8 2102	Employer I.D. No. <input type="checkbox"/>
<b>10b.</b> What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.  ASK OR VERIFY —	PGM 8 2105	
<b>c.</b> Is it mainly —	PGM 8 2106	<input type="checkbox"/> 1 Manufacturing? <input type="checkbox"/> 2 Wholesale Trade? <input type="checkbox"/> 3 Retail Trade? <input type="checkbox"/> 4 Some other kind of business?
<b>d.</b> What kind of work was ... doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8 2108	
<b>e.</b> What were ...'s main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8 2110	
ASK OR VERIFY — <b>f.</b> Was ... an employee of —	PGM 8 2112	<input type="checkbox"/> 1 A private for-profit company or individual? <input type="checkbox"/> 2 A private not-for-profit, tax exempt, or charitable organization? <input type="checkbox"/> 3 Federal government (exclude Armed Forces)? <input type="checkbox"/> 4 State government? <input type="checkbox"/> 5 Local government? <input type="checkbox"/> 6 Armed Forces? <input type="checkbox"/> 7 Unpaid in family business or farm?
ASK OR VERIFY — <b>11a.</b> Was ... employed by (Name of employer) during the entire 4-month period?	PGM 7 2114	<input type="checkbox"/> 1 Yes — SKIP to 12 <input type="checkbox"/> 2 No
<b>b.</b> When was ... employed by (Name of employer) during this 4-month period?	2116	FROM <input type="text"/> Month <input type="text"/> Day
	2120	TO <input type="text"/> Month <input type="text"/> Day
<b>CHECK ITEM E3.1</b> Did ... stop working for this employer during the reference period?	2123	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 12
<b>11c.</b> What is the main reason ... stopped working for (Name of employer)? Mark (X) only one	2124	<input type="checkbox"/> 1 Laid off <input type="checkbox"/> 2 Retired <input type="checkbox"/> 3 Discharged <input type="checkbox"/> 5 Job was temporary and ended <input type="checkbox"/> 6 Quit to take another job <input type="checkbox"/> 7 Quit for some other reason
ASK OR VERIFY — <b>12.</b> How many hours per week did ... usually work at this job?	2125	<input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<b>13.</b> Was ... paid by the hour on this job?	2126	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 15a
<b>14.</b> What was ...'s regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?	2128	\$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E8
<b>15a.</b> During the 4-month period how often was ... paid on this job?	2129	<input type="checkbox"/> 1 Once a week <input type="checkbox"/> 2 Once each 2 weeks <input type="checkbox"/> 3 Once a month <input type="checkbox"/> 4 Twice a month <input type="checkbox"/> 5 Unpaid in family business or farm — SKIP to Check Item E8 <input type="checkbox"/> 6 Some other way — Specify <u>                    </u>
<b>b.</b> On what date was ... last paid during this 4-month period?	2130	<input type="text"/> Month <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period
	2130	<input type="text"/> Month <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part A2 — EMPLOYER IDENTIFICATION NUMBER 2(Continued)

#### 16a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES — (Be sure to include cash housing allowances and any other special types of pay.)



LAST MONTH

2132 \$  . 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

FIELD REPRESENTATIVE  
USE ONLY

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

2 MONTHS AGO

2134 \$  . 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

3 MONTHS AGO

2136 \$  . 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

4 MONTHS AGO

2138 \$  . 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

#### CHECK ITEM E7

Is "DK" marked in all parts of item 16a?

2140 1 ☐ Yes  
2 ☐ No — SKIP to 17a

16b. If I were to call back later would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2142 1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 3b  
2 ☐ No

17a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

2144 1 ☐ Yes — SKIP to Check Item E8  
2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

2146 1 ☐ Yes  
2 ☐ No

#### CHECK ITEM E8

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13?

2148 1 ☐ Yes — Read Statement B  
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45



## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

**STATEMENT B** You said . . . was (also) self-employed during this 4-month period.

**1a. What was the name of . . . 's business/professional practice/farm?**

(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 20. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)

PGM 8 Business name

2200

**CHECK ITEM S1**

Enter number "1" for this business in box.

PGM 8 Business I.D. No.

2201

**1b. What kind of business was this?**

PGM 8

2204

ASK OR VERIFY —

**c. Is it mainly —**

PGM 8

2206

- 1 ☐ Manufacturing?  
2 ☐ Wholesale Trade?  
3 ☐ Retail Trade?  
4 ☐ Some other kind of business?

**d. What kind of work was . . . doing on this job?**

PGM 8

2208

**e. What were . . . 's most important activities or duties on this job?**

PGM 8

2210

ASK OR VERIFY —

**f. How many hours per week did . . . usually work at this business?**

PGM 7

2212

Hours

- x3 ☐ None  
x1 ☐ DK

**2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?**

Gross earnings include sales and receipts before expenses.

2214

- 1 ☐ Yes  
2 ☐ No — SKIP to 10  
x1 ☐ DK

**CHECK ITEM S2**

Have questions 3 — 5b already been answered for this business by another household member?

2216

- 1 ☐ Yes — SKIP to 6a  
2 ☐ No

**3. What was the total number of employees working for this business? Be sure to include . . .**

Enter 999 if 1,000 or more employees.

2218

Employees

- x1 ☐ DK

**4a. Was . . . 's business incorporated?**

2220

- 1 ☐ Yes — SKIP to 5a  
2 ☐ No

**b. Was . . . 's business a sole proprietorship or a partnership?**

2222

- 1 ☐ Sole proprietorship — SKIP to 6a  
2 ☐ Partnership

**5a. Aside from . . . were any other members of this household owners or partners in this business?**

2224

- 1 ☐ Yes  
2 ☐ No — SKIP to 6a

**b. Which members?**

Person No.

Name

2226

2228

2230

**6a. Was . . . paid a regular salary from this business during the 4-month period?**

2232

- 1 ☐ Yes  
2 ☐ No

**b. Did . . . receive any (other) income from the business during this 4-month period?**

2234

- 1 ☐ Yes  
2 ☐ No

**CHECK ITEM S3**

Is "Yes" marked in either item 6a or 6b?

2236

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item S5

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

**7. READ STATEMENT ONLY ONCE PER RESPONDENT.**

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?

Note: Include total gross earnings before any deductions.



LAST MONTH

2238 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

FIELD REPRESENTATIVE  
USE ONLY

\$ .00

\$ .00

\$ .00

\$ .00

TOTAL \$ .00

2 MONTHS AGO

2240 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

TOTAL \$ .00

3 MONTHS AGO

2242 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

TOTAL \$ .00

4 MONTHS AGO

2244 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

TOTAL \$ .00

CHECK  
ITEM S4

Is "DK" marked in all parts of item 7?

2246

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item S5

**8. If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)**

2248

- 1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 4a  
2 ☐ No

CHECK  
ITEM S5

Refer to item 4a, page 18.  
Is this business incorporated?

2250

- 1 ☐ Yes — SKIP to 11  
2 ☐ No

CHECK  
ITEM S6

Has information about the net profit (or loss) for this business already been obtained from another household member?

2252

- 1 ☐ Yes — SKIP to 11  
2 ☐ No

**9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business during the 4-month period?**

2254

- 1 ☐ Yes  
2 ☐ No — SKIP to 11

**b. What was the net profit or loss?**

If "broke even," enter "\$1" in box.

2256

\$  .  00

2258

x4 ☐ Loss in amount box

} SKIP to 11

**10. About how much did . . . earn from this business after expenses during the 4-month period?**

2260

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

**11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?**

2262

- 1 ☐ Yes  
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<b>12a. What was the name of . . . 's other business/ professional practice/farm?</b>  <i>(If self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i>	<b>PGM 8</b>  <b>2300</b>	Business name  _____
<b>CHECK ITEM S7</b> Enter number "2" for this business in box. →	<b>PGM 8</b>  <b>2301</b>	Business I.D. No.  <input type="checkbox"/>
<b>12b. What kind of business was this?</b>  ASK OR VERIFY — <b>C. Is it mainly —</b>	<b>PGM 8</b>  <b>2304</b>  <b>PGM 8</b>  <b>2308</b>	<input type="checkbox"/> <b>Manufacturing?</b> <input type="checkbox"/> <b>Wholesale Trade?</b> <input type="checkbox"/> <b>Retail Trade?</b> <input type="checkbox"/> <b>Some other kind of business?</b>
<b>d. What kind of work was . . . doing on this job?</b>	<b>PGM 8</b>  <b>2308</b>	_____
<b>e. What were . . . 's most important activities or duties on this job?</b>	<b>PGM 8</b>  <b>2310</b>	_____ _____
<b>f. How many hours per week did . . . usually work at this business?</b>	<b>PGM 7</b>  <b>2312</b>	<input type="text"/> <input type="text"/> Hours  x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<b>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b>  <i>Gross earnings include sales and receipts before expenses.</i>	<b>2314</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 21</i> <input type="checkbox"/> DK
<b>CHECK ITEM S8</b> Have questions 14 — 16b already been answered for this business by another household member?	<b>2316</b>	<input type="checkbox"/> Yes — <i>SKIP to 17a</i> <input type="checkbox"/> No
<b>14. What was the total number of employees working for this business? Be sure to include . . .</b>  <i>Enter 999 if 1,000 or more employees.</i>	<b>2318</b>	<input type="text"/> <input type="text"/> <input type="text"/> Employees  x1 <input type="checkbox"/> DK
<b>15a. Was . . . 's business incorporated?</b>	<b>2320</b>	<input type="checkbox"/> Yes — <i>SKIP to 16a</i> <input type="checkbox"/> No
<b>b. Was . . . 's business a sole proprietorship or a partnership?</b>	<b>2322</b>	<input type="checkbox"/> Sole proprietorship — <i>SKIP to 17a</i> <input type="checkbox"/> Partnership
<b>16a. Aside from . . . were any other members of this household owners or partners in this business?</b>	<b>2324</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 17a</i>
<b>b. Which members?</b>	Person No.      Name  <b>2326</b>  <b>2328</b>  <b>2330</b>	<input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____
<b>17a. Was . . . paid a regular salary from this business during the 4-month period?</b>	<b>2332</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b. Did . . . receive any (other) income from the business during this 4-month period?</b>	<b>2334</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CHECK ITEM S9</b> Is "Yes" marked in either item 17a or 17b?	<b>2336</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to Check Item S11</i>



## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

#### 18. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?

Note: Include total gross earnings before any deductions.



LAST MONTH

2338 \$  . 00

X3 ☐ None  
X1 ☐ DK  
X2 ☐ Ref.

FIELD REPRESENTATIVE  
USE ONLY

\$ .00

\$ .00

\$ .00

\$ .00

TOTAL \$ .00

2 MONTHS AGO

2340 \$  . 00

X3 ☐ None  
X1 ☐ DK  
X2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

TOTAL \$ .00

3 MONTHS AGO

2342 \$  . 00

X3 ☐ None  
X1 ☐ DK  
X2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

TOTAL \$ .00

4 MONTHS AGO

2344 \$  . 00

X3 ☐ None  
X1 ☐ DK  
X2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

TOTAL \$ .00

#### CHECK ITEM S10

Is "DK" marked in all parts of item 18?

2346 1 ☐ Yes  
2 ☐ No — SKIP to Check Item S11

19. If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2348 1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 4b  
2 ☐ No

#### CHECK ITEM S11

Refer to item 15a, page 20.  
Is this business incorporated?

2350 1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 45  
2 ☐ No

#### CHECK ITEM S12

Has information about the net profit (or loss) for this business already been obtained from another household member?

2352 1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 45  
2 ☐ No

20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business during the 4-month period?

2354 1 ☐ Yes  
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

b. What was the net profit or loss?

If "broke even," enter "\$1" in box.

2356 \$  . 00

2358 X4 ☐ Loss in amount box

SKIP to first  
ISS Code or  
Check Item  
P1, page 45

21. About how much did . . . earn from this business after expenses during the 4-month period?

2360 \$  . 00

X3 ☐ None  
X1 ☐ DK  
X2 ☐ Ref.

SKIP to first  
ISS Code or  
Check Item  
P1, page 45

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

**1. You said . . . received (was authorized to receive)**  
(Read name of income type) **during the 4-month**  
**period.**

(Read "was authorized to receive" if asking  
about Food Stamps — code 27.)

Income code

Name of income type

**3000**

**CHECK  
ITEM A1**

Mark (X) income type code.

**3002**

- 1 ☐ ISS code 1 or 2 (SS or RR)  
2 ☐ ISS code 25 (WIC) — SKIP to 13a, page 24  
3 ☐ ISS code 27 (Food Stamps) — SKIP to 11a, page 24  
4 ☐ ISS codes 37, 50, 51, 52, 53, or 56 — SKIP  
to Check Item A4  
5 ☐ Other ISS codes — SKIP to 5a

**CHECK  
ITEM A2**

Refer to cc item 27.  
Is . . . a designated parent, or guardian  
of children under age 18?

**3004**

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item A3

**2. During this 4-month period, were any separate**  
**payments from (Social Security/Railroad**  
**Retirement) received especially for . . . 's children?**

**3006**

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item A3

**3. Did . . . also receive a separate payment for**  
**(himself/herself) during any of these months?**

**3008**

- 1 ☐ Yes  
2 ☐ No — SKIP to 9a

**CHECK  
ITEM A3**

Refer to cc item 26a.  
Is . . . married?

**3010**

- 1 ☐ Yes  
2 ☐ No — SKIP to 5a

**4. Did . . . receive (Social Security/Railroad**  
**Retirement) jointly with . . . 's spouse?**

**3012**

- 1 ☐ Yes  
2 ☐ No — SKIP to 5a

**CHECK  
ITEM A4**

Has information about the amount received  
by . . . from the income source entered in  
item 1 already been recorded during an  
interview for . . . 's spouse?

**3014**

- 1 ☐ Yes — SKIP to next ISS Code or Check Item P1,  
page 45  
2 ☐ No

**5a. Did . . . receive any** (Read name of income type) **in**  
(Read each month)?

Social Security and SSI payments may be adjusted  
for inflation each January.

**5b. Some persons receive**  
**more than one payment**  
**per month for certain**  
**income types. How much**  
**did . . . receive in** (Read  
each month marked "Yes"  
in item 5a)? **Please answer**  
**by giving the total amount**  
**each month before any**  
**deductions (including**  
**deductions for Medicare**  
**premiums).**

(Last month) . . . . .

**3016**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3018** \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

**3020**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3022** \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

**3024**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3026** \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

**3028**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3030** \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

**CHECK  
ITEM A5**

Mark (X) income type code.

**3032**

- 1 ☐ ISS code 1 or 2 — SKIP to 8a  
2 ☐ ISS code 8 or 20 through 24  
3 ☐ All other income codes — SKIP to next ISS  
Code or Check Item P1, page 45

**6a. Were all the people living here covered by . . . 's**  
**payments?**

**3034**

- 1 ☐ Yes — SKIP to Check Item A6  
2 ☐ No

NOTES

# Section 3 — AMOUNTS (Continued)

## Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?

Person No.

Name

3036			
3038			
3040			
3042			
3044			
3046			
3048			
3050			
3052			
3054			

CHECK  
ITEM A6

Is this ISS code "8"?

3056

- 1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or  
Check Item P1, page 45

7a. What type of Veterans' payments did . . . receive?

3058

- 1 ☐ Service-connected disability compensation  
2 ☐ Survivor benefits  
3 ☐ Veterans' pension  
4 ☐ Other Veterans' payments

b. Is . . . required to fill out an annual income  
questionnaire in order to receive a VA pension?

3060

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK } SKIP to next ISS Code or  
Check Item P1, page 45

(SHOW FLASHCARD O)

8a. (Social Security/Railroad Retirement) sends out  
checks in two different colored envelopes. Please  
look at this flashcard and tell me which color  
envelope . . . 's check comes in. (Remember, we are  
interested in the color of the envelope, not the color  
of the check.)

3064

- 1 ☐ Blue  
2 ☐ Buff  
3 ☐ Direct Deposit  
4 ☐ Other  
x1 ☐ DK

b. Do . . . 's payments usually come on the first of  
the month or the third?

3066

- 1 ☐ First  
2 ☐ Third  
3 ☐ Other  
x1 ☐ DK

CHECK  
ITEM A7

Refer to item 2, page 22.  
Were (Social Security/Railroad Retirement)  
payments received especially for . . . 's children?

3068

- 1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or  
Check Item P1, page 45

9a. Were (Social Security/Railroad Retirement) payments  
received for . . . 's children in (Read each month)?

NOTE — Social Security payments may be adjusted  
for inflation each January.

(Last month) . . . . .

3070

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

9b. If "Yes" in item 9a — How  
much was received?

3072 \$ .00

- x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

3074

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3076 \$ .00

- x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

3078

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3080 \$ .00

- x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

3082

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3084 \$ .00

- x1 ☐ DK  
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

10a. Were all children living here covered by these  
payments?

3086

- 1 ☐ Yes — SKIP to next ISS Code or  
Check Item P1, page 45  
2 ☐ No



### Section 3 – AMOUNTS (Continued)

#### Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

<b>10b. Which children were covered?</b>	Person No.	Name
	3088	
	3090	
	3092	
	3094	
	3096	
	3098	

**SKIP to next ISS Code or Check Item P1, page 45**

<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	3100	1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No
<b>b. Which persons were covered?</b>	Person No.	Name
	3102	
	3104	
	3106	
	3108	
	3110	
	3112	
	3114	
	3116	

<b>12a. Did ... receive food stamps in (Read each month)?</b> NOTE: Food stamp benefits may be adjusted for inflation in July and October.		<b>12b. If "Yes" in item 12a, ask – What was the total amount?</b>
(Last month) .....	3122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago) .....	3126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago) .....	3130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago) .....	3134	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3124 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3128 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3132 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3136 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

**SKIP to next ISS Code or Check Item P1, page 45**

<b>13a. Did ... receive any WIC benefits in (Read each month)?</b> Mark (X) all that apply.	3138 3140 3142 3144	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago
<b>b. Which persons were covered?</b>	Person No.	Name
	3146	
	3148	
	3150	
	3152	
	3154	

**SKIP to next ISS Code or Check Item P1, page 45**

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1—56)

<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i>		Income code <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Name of income type <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<b>3202</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> ISS code 1 or 2 (SS or RR)                 </div> <div style="width: 50%;"> <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 13a, page 27                 </div> <div style="width: 50%;"> <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 11a, page 27                 </div> <div style="width: 50%;"> <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4                 </div> <div style="width: 50%;"> <input type="checkbox"/> Other ISS codes — SKIP to 5a                 </div> </div>	
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<b>3204</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Yes                 </div> <div style="width: 50%;"> <input type="checkbox"/> No — SKIP to Check Item A3                 </div> </div>	
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		<b>3206</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Yes                 </div> <div style="width: 50%;"> <input type="checkbox"/> No — SKIP to Check Item A3                 </div> </div>	
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<b>3208</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Yes                 </div> <div style="width: 50%;"> <input type="checkbox"/> No — SKIP to 9a                 </div> </div>	
<b>CHECK ITEM A3</b>	Refer to cc item 26a. Is . . . married?	<b>3210</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Yes                 </div> <div style="width: 50%;"> <input type="checkbox"/> No — SKIP to 5a                 </div> </div>	
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		<b>3212</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Yes                 </div> <div style="width: 50%;"> <input type="checkbox"/> No — SKIP to 5a                 </div> </div>	
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<b>3214</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45                 </div> <div style="width: 50%;"> <input type="checkbox"/> No                 </div> </div>	
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  Social Security and SSI payments may be adjusted for inflation each January.		<b>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b>	
(Last month) . . . . .		<b>3216</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK                 </div> </div>	<b>3218</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right; margin-right: 5px;">. 00</div> </div> <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 50%;"> <input type="checkbox"/> DK                 </div> <div style="width: 50%;"> <input type="checkbox"/> Ref.                 </div> </div>
(2 months ago) . . . . .		<b>3220</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK                 </div> </div>	<b>3222</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right; margin-right: 5px;">. 00</div> </div> <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 50%;"> <input type="checkbox"/> DK                 </div> <div style="width: 50%;"> <input type="checkbox"/> Ref.                 </div> </div>
(3 months ago) . . . . .		<b>3224</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK                 </div> </div>	<b>3226</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right; margin-right: 5px;">. 00</div> </div> <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 50%;"> <input type="checkbox"/> DK                 </div> <div style="width: 50%;"> <input type="checkbox"/> Ref.                 </div> </div>
(4 months ago) . . . . .		<b>3228</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK                 </div> </div>	<b>3230</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right; margin-right: 5px;">. 00</div> </div> <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 50%;"> <input type="checkbox"/> DK                 </div> <div style="width: 50%;"> <input type="checkbox"/> Ref.                 </div> </div>
<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3232</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> ISS code 1 or 2 — SKIP to 8a                 </div> <div style="width: 50%;"> <input type="checkbox"/> ISS code 8 or 20 through 24                 </div> <div style="width: 50%;"> <input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 45                 </div> </div>	
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<b>3234</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Yes — SKIP to Check Item A6                 </div> <div style="width: 50%;"> <input type="checkbox"/> No                 </div> </div>	

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

**6b. Which persons were covered?**

Person No. Name

3236			
3238			
3240			
3242			
3244			
3246			
3248			
3250			
3252			
3254			

**CHECK  
ITEM A6**

Is this ISS code "8"?

3256

- 1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or  
Check Item P1, page 45

**7a. What type of Veterans' payments did . . . receive?**

3258

- 1 ☐ Service-connected disability compensation  
2 ☐ Survivor benefits  
3 ☐ Veterans' pension  
4 ☐ Other Veterans' payments

**b. Is . . . required to fill out an annual income  
questionnaire in order to receive a VA pension?**

3260

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK } SKIP to next ISS Code or  
Check Item P1, page 45

(SHOW FLASHCARD O)

**8a. (Social Security/Railroad Retirement) sends out  
checks in two different colored envelopes. Please  
look at this flashcard and tell me which color  
envelope . . . 's check comes in. (Remember, we are  
interested in the color of the envelope, not the color  
of the check.)**

3264

- 1 ☐ Blue  
2 ☐ Buff  
3 ☐ Direct Deposit  
4 ☐ Other  
x1 ☐ DK

**b. Do . . . 's payments usually come on the first of  
the month or the third?**

3266

- 1 ☐ First  
2 ☐ Third  
3 ☐ Other  
x1 ☐ DK

**CHECK  
ITEM A7**

Refer to item 2, page 25.

Were (Social Security/Railroad Retirement)  
payments received especially for . . . 's children?

3268

- 1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or  
Check Item P1, page 45

**9a. Were (Social Security/Railroad Retirement) payments  
received for . . . 's children in (Read each month)?**

NOTE — Social Security payments may be adjusted for  
inflation each January.  
(Last month) . . . . .

3270

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**9b. If "Yes" in item 9a — How  
much was received?**

3272 \$ .00  
x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

3274

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3276 \$ .00  
x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

3278

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3280 \$ .00  
x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

3282

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3284 \$ .00  
x1 ☐ DK  
x2 ☐ Ref.

**10a. Were all children living here covered by these  
payments?**

3286

- 1 ☐ Yes — SKIP to next ISS Code or  
Check Item P1, page 45  
2 ☐ No



### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

10b. Which children were covered?	Person No.	Name
3288		
3290		
3292		
3294		
3296		
3298		

SKIP to next ISS Code or Check Item P1, page 45

11a. Were all the people living here covered under ...'s food stamp allotment?	3300	1 <input type="checkbox"/> Yes — SKIP to 12a 2 <input type="checkbox"/> No
b. Which persons were covered?	Person No.	Name
	3302	
	3304	
	3306	
	3308	
	3310	
	3312	
	3314	
	3316	

12a. Did ... receive food stamps in (Read each month)?	NOTE: Food stamp benefits may be adjusted for inflation in July and October.	12b. If "Yes" in item 12a, ask — What was the total amount?
(Last month) .....	3322 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3324 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) .....	3326 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3328 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) .....	3330 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3332 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) .....	3334 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3336 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Check Item P1, page 45

13a. Did ... receive any WIC benefits in (Read each month)?	3338 1 <input type="checkbox"/> Last month 3340 2 <input type="checkbox"/> 2 months ago 3342 3 <input type="checkbox"/> 3 months ago 3344 4 <input type="checkbox"/> 4 months ago
Mark (X) all that apply.	
b. Which persons were covered?	Person No. Name
	3346
	3348
	3350
	3352
	3354

SKIP to next ISS Code or Check Item P1, page 45

**Section 3 — AMOUNTS****Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)**

<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps — code 27.)		Income code <b>3400</b> <input type="text"/>	Name of income type <input type="text"/>
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<b>3402</b> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 13a, page 30 3 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 11a, page 30 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes — SKIP to 5a	
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<b>3404</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3	
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		<b>3406</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3	
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<b>3408</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a	
<b>CHECK ITEM A3</b>	Refer to cc item 26a. Is . . . married?	<b>3410</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a	
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		<b>3412</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a	
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<b>3414</b> 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No	
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  Social Security and SSI payments may be adjusted for inflation each January.		<b>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b>	
(Last month) . . . . .	<b>3416</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3418</b> \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(2 months ago) . . . . .	<b>3420</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3422</b> \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(3 months ago) . . . . .	<b>3424</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3426</b> \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(4 months ago) . . . . .	<b>3428</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3430</b> \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3432</b> 1 <input type="checkbox"/> ISS code 1 or 2 — SKIP to 8a 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 45	
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<b>3434</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item A6 2 <input type="checkbox"/> No	
<b>NOTES</b>			

Section 3 — AMOUNTS (Continued)			
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)			
<b>6b. Which persons were covered?</b>	Person No. 3436 3438 3440 3442 3444 3446 3448 3450 3452 3454 3456	Name              	
<b>CHECK ITEM A6</b> Is this ISS code "8"?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 45</i>		
<b>7a. What type of Veterans' payments did . . . receive?</b>	3458	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments	
<b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	3460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="float: right; text-align: right;"> <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div>	
<b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	3464	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>	3466	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>CHECK ITEM A7</b> Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3468	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 45</i>	
<b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b> NOTE — Social Security payments may be adjusted for inflation each January. (Last month) . . . . .	3470	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>9b. If "Yes" in item 9a — How much was received?</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	3474	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	3478	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	3482	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>10a. Were all children living here covered by these payments?</b>	3486	1 <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No	



### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1—56) (Continued)

##### 10b. Which children were covered?

	Person No.	Name
3488	<input type="text"/>	<input type="text"/>
3490	<input type="text"/>	<input type="text"/>
3492	<input type="text"/>	<input type="text"/>
3494	<input type="text"/>	<input type="text"/>
3496	<input type="text"/>	<input type="text"/>
3498	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

##### 11a. Were all the people living here covered under ...'s food stamp allotment?

3500 1 ☐ Yes — SKIP to 12a  
2 ☐ No

##### b. Which persons were covered?

	Person No.	Name
3502	<input type="text"/>	<input type="text"/>
3504	<input type="text"/>	<input type="text"/>
3506	<input type="text"/>	<input type="text"/>
3508	<input type="text"/>	<input type="text"/>
3510	<input type="text"/>	<input type="text"/>
3512	<input type="text"/>	<input type="text"/>
3514	<input type="text"/>	<input type="text"/>
3516	<input type="text"/>	<input type="text"/>

##### 12a. Did ... receive food stamps in (Read each month)?

NOTE: Food stamp benefits may be adjusted for inflation July and October.

(Last month) .....

3522 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2 months ago) .....

3526 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(3 months ago) .....

3530 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(4 months ago) .....

3534 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

##### 12b. If "Yes" in item 12a, ask — What was the total amount?

3524 \$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

3528 \$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

3532 \$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

3536 \$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

##### 13a. Did ... receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3538 1 ☐ Last month  
3540 2 ☐ 2 months ago  
3542 3 ☐ 3 months ago  
3544 4 ☐ 4 months ago

##### b. Which persons were covered?

	Person No.	Name
3546	<input type="text"/>	<input type="text"/>
3548	<input type="text"/>	<input type="text"/>
3550	<input type="text"/>	<input type="text"/>
3552	<input type="text"/>	<input type="text"/>
3554	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps — code 27.)		Income code <b>3600</b> <input type="text"/>	Name of income type _____
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<b>3602</b>	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 13a, page 33 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 11a, page 33 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4 <input type="checkbox"/> Other ISS codes — SKIP to 5a
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<b>3604</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		<b>3606</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<b>3608</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 9a
<b>CHECK ITEM A3</b>	Refer to cc item 26a. Is . . . married?	<b>3610</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 5a
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		<b>3612</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 5a
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<b>3614</b>	<input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 <input type="checkbox"/> No
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  Social Security and SSI payments may be adjusted for inflation each January.		<b>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b>	
(Last month) . . . . .	<b>3616</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3618</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	<b>3620</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3622</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	<b>3624</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3626</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	<b>3628</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3630</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3632</b>	<input type="checkbox"/> ISS code 1 or 2 — SKIP to 8a <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 45
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<b>3634</b>	<input type="checkbox"/> Yes — SKIP to Check Item A6 <input type="checkbox"/> No
NOTES			

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

##### 6b. Which persons were covered?

Person No. Name

3636 ☐ ☐ ☐

3638 ☐ ☐ ☐

3640 ☐ ☐ ☐

3642 ☐ ☐ ☐

3644 ☐ ☐ ☐

3646 ☐ ☐ ☐

3648 ☐ ☐ ☐

3650 ☐ ☐ ☐

3652 ☐ ☐ ☐

3654 ☐ ☐ ☐

##### CHECK ITEM A6

Is this ISS code "8"?

3656

- 1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or  
Check Item P1, page 45

##### 7a. What type of Veterans' payments did . . . receive?

3658

- 1 ☐ Service-connected disability compensation  
2 ☐ Survivor benefits  
3 ☐ Veterans' pension  
4 ☐ Other Veterans' payments

##### b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?

3660

- 1 ☐ Yes  
2 ☐ No } SKIP to next ISS Code or  
x1 ☐ DK } Check Item P1, page 45

(SHOW FLASHCARD O)

##### 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3664

- 1 ☐ Blue  
2 ☐ Buff  
3 ☐ Direct Deposit  
4 ☐ Other  
x1 ☐ DK

##### b. Do . . . 's payments usually come on the first of the month or the third?

3666

- 1 ☐ First  
2 ☐ Third  
3 ☐ Other  
x1 ☐ DK

##### CHECK ITEM A7

Refer to item 2, page 31.  
Were (Social Security/Railroad Retirement)  
payments received especially for . . . 's children?

3668

- 1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or  
Check Item P1, page 45

##### 9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?

NOTE — Social Security payments may be adjusted  
for inflation each January.

(Last month) . . . . .

3670

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

##### 9b. If "Yes" in item 9a — How much was received?

3672

\$  .00  
x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

3674

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3676

\$  .00  
x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

3678

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3680

\$  .00  
x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

3682

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3684

\$  .00  
x1 ☐ DK  
x2 ☐ Ref.

##### 10a. Were all children living here covered by these payments?

3686

- 1 ☐ Yes — SKIP to next ISS Code or  
2 ☐ No Check Item P1, page 45



**Section 3 — AMOUNTS (Continued)****Part A — GENERAL AMOUNTS (ISS Codes 1—56) (Continued)****10b. Which children were covered?**

Person No. Name

3688

3690

3692

3694

3696

3698

**SKIP to next ISS Code or Check Item P1, page 45****11a. Were all the people living here covered under ...'s food stamp allotment?**

3700

1 ☐ Yes — SKIP to 12a  
2 ☐ No**b. Which persons were covered?**

Person No. Name

3702

3704

3706

3708

3710

3712

3714

3716

**12a. Did ... receive food stamps in (Read each month)?**

NOTE: Food stamp benefits may be adjusted for inflation in July and October.

(Last month) .....

3722

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2 months ago) .....

3726

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(3 months ago) .....

3730

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(4 months ago) .....

3734

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK**12b. If "Yes" in item 12a, ask —  
What was the total amount?**3724 \$  . 00x1 ☐ DK  
x2 ☐ Ref.3728 \$  . 00x1 ☐ DK  
x2 ☐ Ref.3732 \$  . 00x1 ☐ DK  
x2 ☐ Ref.3736 \$  . 00x1 ☐ DK  
x2 ☐ Ref.**SKIP to next ISS Code or Check Item P1, page 45****13a. Did ... receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

3738

1 ☐ Last month  
2 ☐ 2 months ago  
3 ☐ 3 months ago  
4 ☐ 4 months ago

3740

3742

3744

**b. Which persons were covered?**

Person No. Name

3746

3748

3750

3752

3754

**SKIP to next ISS Code or Check Item P1, page 45**

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1—56)

<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i>		Income code <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">                     3800                 </div>	Name of income type <div style="border: 1px solid black; height: 20px;"></div>
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<div style="border: 1px solid black; padding: 2px;">                     3802                 </div> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 13a, page 36 3 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 11a, page 36 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes — SKIP to 5a	
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<div style="border: 1px solid black; padding: 2px;">                     3804                 </div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3	
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		<div style="border: 1px solid black; padding: 2px;">                     3806                 </div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3	
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<div style="border: 1px solid black; padding: 2px;">                     3808                 </div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a	
<b>CHECK ITEM A3</b>	Refer to cc item 26a. Is . . . married?	<div style="border: 1px solid black; padding: 2px;">                     3810                 </div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a	
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		<div style="border: 1px solid black; padding: 2px;">                     3812                 </div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a	
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<div style="border: 1px solid black; padding: 2px;">                     3814                 </div> 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No	
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  Social Security and SSI payments may be adjusted for inflation each January.		<b>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b>	
(Last month) . . . . .		<div style="border: 1px solid black; padding: 2px;">                     3816                 </div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px;">                     3818                 </div> \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .		<div style="border: 1px solid black; padding: 2px;">                     3820                 </div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px;">                     3822                 </div> \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .		<div style="border: 1px solid black; padding: 2px;">                     3824                 </div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px;">                     3826                 </div> \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .		<div style="border: 1px solid black; padding: 2px;">                     3828                 </div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px;">                     3830                 </div> \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b>	Mark (X) income type code.	<div style="border: 1px solid black; padding: 2px;">                     3832                 </div> 1 <input type="checkbox"/> ISS code 1 or 2 — SKIP to 8a 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 45	
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<div style="border: 1px solid black; padding: 2px;">                     3834                 </div> 1 <input type="checkbox"/> Yes — SKIP to Check Item A6 2 <input type="checkbox"/> No	
NOTES			

# Section 3 — AMOUNTS (Continued)

## Part A — GENERAL AMOUNTS (ISS Codes 1—56) (Continued)

6b. Which persons were covered?

Person No. Name

3836				
3838				
3840				
3842				
3844				
3846				
3848				
3850				
3852				
3854				

CHECK  
ITEM A6

Is this ISS code "8"?

3856

1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or  
Check Item P1, page 45

7a. What type of Veterans' payments did . . . receive?

3858

1 ☐ Service-connected disability compensation  
2 ☐ Survivor benefits  
3 ☐ Veterans' pension  
4 ☐ Other Veterans' payments

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?

3860

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK } SKIP to next ISS Code or  
Check Item P1, page 45

(SHOW FLASHCARD O)

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3864

1 ☐ Blue  
2 ☐ Buff  
3 ☐ Direct Deposit  
4 ☐ Other  
x1 ☐ DK

b. Do . . . 's payments usually come on the first of the month or the third?

3866

1 ☐ First  
2 ☐ Third  
3 ☐ Other  
x1 ☐ DK

CHECK  
ITEM A7

Refer to item 2, page 34.  
Were (Social Security/Railroad Retirement) payments received especially for . . . 's child

3868

1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or  
Check Item P1, page 45

9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?

NOTE — Social Security payments may be adjusted for inflation each January.

(Last month) . . . . .

3870

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

9b. If "Yes" in item 9a — How much was received?

3872

\$ .00  
x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

3874

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3876

\$ .00  
x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

3878

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3880

\$ .00  
x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

3882

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3884

\$ .00  
x1 ☐ DK  
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —  
10a. Were all children living here covered by these payments?

3886

1 ☐ Yes — SKIP to next ISS Code or  
Check Item P1, page 45  
2 ☐ No



### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

##### 10b. Which children were covered?

	Person No.	Name
3888	<input type="text"/>	<input type="text"/>
3890	<input type="text"/>	<input type="text"/>
3892	<input type="text"/>	<input type="text"/>
3894	<input type="text"/>	<input type="text"/>
3896	<input type="text"/>	<input type="text"/>
3898	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

##### 11a. Were all the people living here covered under ...'s food stamp allotment?

3900 1 ☐ Yes — SKIP to 12a  
2 ☐ No

##### b. Which persons were covered?

	Person No.	Name
3902	<input type="text"/>	<input type="text"/>
3904	<input type="text"/>	<input type="text"/>
3906	<input type="text"/>	<input type="text"/>
3908	<input type="text"/>	<input type="text"/>
3910	<input type="text"/>	<input type="text"/>
3912	<input type="text"/>	<input type="text"/>
3914	<input type="text"/>	<input type="text"/>
3916	<input type="text"/>	<input type="text"/>

##### 12a. Did ... receive food stamps in (Read each month)?

NOTE: Food stamp benefits may be adjusted for inflation in July and October.

(Last month) .....

3922 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2 months ago) .....

3926 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(3 months ago) .....

3930 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(4 months ago) .....

3934 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

##### 12b. If "Yes" in item 12a, ask — What was the total amount?

3924 \$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

3928 \$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

3932 \$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

3936 \$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

##### 13a. Did ... receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3938 1 ☐ Last month  
3940 2 ☐ 2 months ago  
3942 3 ☐ 3 months ago  
3944 4 ☐ 4 months ago

##### b. Which persons were covered?

	Person No.	Name
3946	<input type="text"/>	<input type="text"/>
3948	<input type="text"/>	<input type="text"/>
3950	<input type="text"/>	<input type="text"/>
3952	<input type="text"/>	<input type="text"/>
3954	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i>		Income code <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">4000</div>	Name of income type <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<b>4002</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> ISS code 1 or 2 (SS or RR)</div> <div><input type="checkbox"/> ISS code 25 (WIC) — SKIP to 13a, page 39</div> <div><input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 11a, page 39</div> <div><input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4</div> <div><input type="checkbox"/> Other ISS codes — SKIP to 5a</div> </div>	
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<b>4004</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to Check Item A3</div> </div>	
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		<b>4006</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to Check Item A3</div> </div>	
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<b>4008</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to 9a</div> </div>	
<b>CHECK ITEM A3</b>	Refer to cc item 26a. Is . . . married?	<b>4010</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to 5a</div> </div>	
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		<b>4012</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to 5a</div> </div>	
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<b>4014</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45</div> <div><input type="checkbox"/> No</div> </div>	
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  Social Security and SSI payments may be adjusted for inflation each January.		<b>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b>	
(Last month) . . . . .		<b>4016</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<b>4018</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; text-align: center; margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; text-align: center; margin-right: 5px;">.00</div> </div> <div style="display: flex; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>
(2 months ago) . . . . .		<b>4020</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<b>4022</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; text-align: center; margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; text-align: center; margin-right: 5px;">.00</div> </div> <div style="display: flex; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>
(3 months ago) . . . . .		<b>4024</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<b>4026</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; text-align: center; margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; text-align: center; margin-right: 5px;">.00</div> </div> <div style="display: flex; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>
(4 months ago) . . . . .		<b>4028</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	<b>4030</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; text-align: center; margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; text-align: center; margin-right: 5px;">.00</div> </div> <div style="display: flex; gap: 5px;"> <div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> Ref.</div> </div>
<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>4032</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> ISS code 1 or 2 — SKIP to 8a</div> <div><input type="checkbox"/> ISS code 8 or 20 through 24</div> <div><input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 45</div> </div>	
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<b>4034</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes — SKIP to Check Item A6</div> <div><input type="checkbox"/> No</div> </div>	
NOTES			

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?		Person No.	Name
		4036	
		4038	
		4040	
		4042	
		4044	
		4046	
		4048	
		4050	
		4052	
		4054	
<b>CHECK ITEM A6</b>	Is this ISS code "8"?	4056	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
7a. What type of Veterans' payments did . . . receive?		4058	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		4060	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 45
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		4064	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		4066	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>CHECK ITEM A7</b>	Refer to item 2, page 37. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	4068	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE — Social Security payments may be adjusted for inflation each January. (Last month) . . . . .		4070	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago) . . . . .		4074	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago) . . . . .		4078	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago) . . . . .		4082	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
9b. If "Yes" in item 9a — How much was received?		4072	\$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4076	\$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4080	\$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4084	\$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
10a. VERIFY IF ONLY ONE CHILD OR ASK — Were all children living here covered by these payments?		4086	<input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 <input type="checkbox"/> No



### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1—56) (Continued)

10b. Which children were covered?	Person No.	Name
	4088	
	4090	
	4092	
	4094	
	4096	
	4098	

**SKIP to next ISS Code or Check Item P1, page 45**

11a. Were all the people living here covered under ...'s food stamp allotment?	Person No.	Name
	4100	
	4102	
	4104	
	4106	
	4108	
	4110	
	4112	
	4114	
	4116	

12a. Did ... receive food stamps in (Read each month)? NOTE: Food stamp benefits may be adjusted for inflation in July and October.	Person No.	Name
(Last month) .....	4122	
(2 months ago) .....	4126	
(3 months ago) .....	4130	
(4 months ago) .....	4134	

12b. If "Yes" in item 12a, ask — What was the total amount?	
	4124
	4128
	4132
	4136

**SKIP to next ISS Code or Check Item P1, page 45**

13a. Did ... receive any WIC benefits in (Read each month)? Mark (X) all that apply.	Person No.	Name
	4138	
	4140	
	4142	
	4144	

b. Which persons were covered?	Person No.	Name
	4146	
	4148	
	4150	
	4152	
	4154	

**SKIP to next ISS Code or Check Item P1, page 45**

### Section 3 — AMOUNTS (Continued)

#### Part B — SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102 and 103)

<b>CHECK ITEM A8</b>	Asset types owned. Mark (X) all that apply.	<div>4300</div> <input type="checkbox"/> ISS Code 100 — Regular/Passbook Savings Accounts <div>4302</div> <input type="checkbox"/> ISS Code 101 — Money Market Deposit Accounts <div>4304</div> <input type="checkbox"/> ISS Code 102 — Certificates of Deposit or other Savings Certificates <div>4306</div> <input type="checkbox"/> ISS Code 103 — Interest-earning Checking Accounts (such as NOW or Super NOW accounts)
<b>1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.</b>		
<b>CHECK ITEM A9</b>	Interview status of . . . 's spouse.	<div>4308</div> <input type="checkbox"/> No spouse in household — SKIP to 3b <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted — SKIP to 3a
<b>2a. Did . . . own any of these jointly with . . . 's (husband/wife)?</b>		<div>4310</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 3b
<b>b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?</b>		<div>4312</div> <div>\$ <input type="text"/> . <input type="text"/> 00 — SKIP to 3a</div> <div>x3 <input type="checkbox"/> None — SKIP to 3a</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 45</div>
<b>c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?</b>		<div>4314</div> <div>\$ <input type="text"/> . <input type="text"/> 00 — SKIP to 3a</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 45</div>
<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>		<div>4316</div> <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 5 <input type="checkbox"/> No
<b>3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?</b>		<div>4318</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
<b>b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?</b>		<div>4320</div> <div>\$ <input type="text"/> . <input type="text"/> 00 — SKIP to next ISS Code or Check Item P1, page 45</div> <div>x3 <input type="checkbox"/> None — SKIP to next ISS Code or Check Item P1, page 45</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 45</div>
<b>c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?</b>		<div>4322</div> <div>\$ <input type="text"/> . <input type="text"/> 00 — SKIP to next ISS Code or Check Item P1, page 45</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 45</div>
<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>		<div>4324</div> <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 6 <input type="checkbox"/> No

NOTES

### Section 3 — AMOUNTS (Continued)

#### Part C — OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106 and 107)

##### CHECK ITEM A10

Asset types owned.  
Mark (X) all that apply.

- 4400 ☐ ISS Code 104 — Money Market funds  
4402 ☐ ISS Code 105 — U.S. Government securities  
4404 ☐ ISS Code 106 — Municipal or corporate bonds  
4406 ☐ ISS Code 107 — Other interest-earning assets —  
Specify

1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.

##### CHECK ITEM A11

Interview status of . . . 's spouse.

- 4408 ☐ No spouse in household — SKIP to 3b  
☐ Interview for spouse not yet conducted  
☐ Interview for spouse already conducted —  
SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

- 4410 ☐ Yes  
☐ No — SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

- 4412 \$  .  00 — SKIP to 3a  
x3 ☐ None — SKIP to 3a  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 45

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?

- 4414 \$  .  00 — SKIP to 3a  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 45

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey)

- 4416 ☐ Yes — Mark Reminder Card and  
Callback Summary, Item 7  
☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?

- 4418 ☐ Yes  
☐ No — SKIP to next ISS Code or  
Check Item P1, page 45

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

- 4420 \$  .  00 — SKIP to next ISS Code  
or Check Item P1, page 45  
x3 ☐ None — SKIP to next ISS Code or Check Item P1,  
page 45  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 45

c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?

- 4422 \$  .  00 — SKIP to next ISS Code  
or Check Item P1, page 45  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 45

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey)

- 4424 ☐ Yes — Mark Reminder  
Card and Callback  
Summary, Item 8 } SKIP to next  
ISS Code or  
Check Item  
P1, page 45  
☐ No

NOTES



### Section 3 — AMOUNTS (Continued)

#### Part D — STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

<b>1a.</b> Earlier you told me that ... owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did ... receive any dividend checks during these 4 months? (Include checks made out jointly to ... and ...'s spouse.)	<b>4500</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK
<b>CHECK ITEM A12</b> Interview status of ...'s spouse.	<b>4502</b> 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 2a</i>
<b>1b.</b> During the past 4 months how much was received in dividend checks made out jointly to ... and ...'s (husband/wife)? <div style="text-align: right;">★</div>	<b>4504</b> \$ <input type="text"/> . <input type="text"/> 00 — <i>SKIP to 2a</i> x3 <input type="checkbox"/> None — <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i>
<b>c.</b> If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<b>4506</b> 1 <input type="checkbox"/> Yes — <i>Mark Reminder Card and Callback Summary, Item 9</i> 2 <input type="checkbox"/> No
<b>2a.</b> During this 4-month period, how much did ... receive in dividend checks (in ...'s name only)? <div style="text-align: right;">★</div>	<b>4508</b> \$ <input type="text"/> . <input type="text"/> 00 — <i>SKIP to 3a</i> x3 <input type="checkbox"/> None — <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i>
<b>b.</b> If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<b>4510</b> 1 <input type="checkbox"/> Yes — <i>Mark Reminder Card and Callback Summary, Item 10</i> 2 <input type="checkbox"/> No
<b>3a.</b> (Besides the money that ... received in dividend checks) did ... earn any (other) dividends that were credited against a margin account or automatically reinvested?	<b>4512</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to next ISS Code or Check Item P1, page 45</i> x1 <input type="checkbox"/> DK
<b>CHECK ITEM A13</b> Interview status of ...'s spouse.	<b>4514</b> 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3c</i>
<b>3b.</b> During the 4-month period, how much of these kinds of dividends did ... earn jointly with ...'s (husband/wife)?	<b>4516</b> \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i>
<b>c.</b> During the 4-month period, how much of these kinds of dividends did ... earn (in ...'s name only)?	<b>4518</b> \$ <input type="text"/> . <input type="text"/> 00 } <i>SKIP to next ISS Code or Check Item P1, page 45</i> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

NOTES

### Section 3 — AMOUNTS (Continued)

#### Part E — RENTAL INCOME (ISS Code 120)

<b>1. Earlier you told me that . . . owned some rental property.</b>		
<b>CHECK ITEM A14</b>	Interview status of . . . 's spouse.	<b>4600</b> 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3a</i>
<b>2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4-months?</b> <i>Include only property owned entirely by couple.</i>		<b>4602</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3a</i>
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>		<b>4604</b> \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i>
<b>c. What is your best estimate of the amount that was cleared after expenses?</b>		<b>4606</b> \$ <input type="text"/> . <input type="text"/> 00  x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i> <b>4608</b> x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>
<b>3a. Did . . . receive rental income from property owned entirely in . . . 's own name during the last 4-months?</b>		<b>4610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4a</i>
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>		<b>4612</b> \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i>
<b>c. What is your best estimate of the amount that was cleared after expenses?</b>		<b>4614</b> \$ <input type="text"/> . <input type="text"/> 00  x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i> <b>4616</b> x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>
<b>4a. Did . . . receive any rental income from property owned jointly with others during the last 4-months? (Not including property owned entirely by . . . and . . . 's spouse.)</b>		<b>4618</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS code or Check Item P1, page 45</i>
<b>b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?</b>		<b>4620</b> \$ <input type="text"/> . <input type="text"/> 00  x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <b>4622</b> x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>

*SKIP to next ISS Code or Check Item P1, page 45*

NOTES

### Section 3 — AMOUNTS (Continued)

#### Part F — MORTGAGES, ROYALTIES AND OTHER FINANCIAL INVESTMENTS (ISS Codes 130, 140, and 150)

<b>CHECK ITEM A15</b>	Asset types owned. Mark (X) all that apply.	<b>4700</b> 1 <input type="checkbox"/> ISS Code 130 — Mortgages <b>4702</b> 2 <input type="checkbox"/> ISS Code 140 — Royalties <b>4704</b> 3 <input type="checkbox"/> ISS Code 150 — Other financial investments
<b>CHECK ITEM A16</b>	Is ISS Code 130 marked in Check Item A15?	<b>4706</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3</i>
<b>CHECK ITEM A17</b>	Interview status of ...'s spouse.	<b>4708</b> 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 2b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 2a</i>
<b>1 a.</b>	Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	<b>4710</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 2b</i>
<b>b.</b>	During the past 4 months how much interest was paid to ... and ...'s spouse by the borrower?	<b>4712</b> \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>2 a.</b>	(Besides these jointly held mortgages) did ... hold any mortgages in ...'s own name?	<b>4714</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item A18</i>
<b>b.</b>	(Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?	<b>4716</b> \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A18</b>	Is ISS Code 140 or 150 marked in Check Item A15?	<b>4718</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item P1</i>
<b>3.</b>	Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? If income was shared, count only ...'s share.	<b>4720</b> \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <b>4722</b> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box

NOTES



## Section 4 — PROGRAM QUESTIONS

<b>CHECK ITEM P1</b>	Refer to cc item 19b. Is this the reference person's questionnaire?	<b>4800</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
<b>CHECK ITEM P2</b>	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	<b>4802</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a
<b>1 a. What is your monthly rent?</b> <i>Include only the amount the respondent pays for rent. Exclude any subsidized amounts.</i>		<b>4804</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">00</div> </div> <div style="margin-left: 10px;">             x3 <input type="checkbox"/> None              x1 <input type="checkbox"/> DK              x2 <input type="checkbox"/> Ref. } SKIP to 2a           </div>
<b>b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?</b> <i>Exclude telephone.</i>		<b>4806</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>2 a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?</b>		<b>4816</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3
<b>b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord?</b> <i>Mark (X) all that apply.</i>		<b>4818</b> <b>4820</b> <b>4822</b>	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
<b>c. What was the total amount of the energy assistance received by this household during the past 4 months?</b>		<b>4824</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">00</div> </div> <div style="margin-left: 10px;">x1 <input type="checkbox"/> DK</div>
<b>CHECK ITEM P3</b>	Are there any children 5 to 18 years old who live in this household?	<b>4826</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
<b>3 a. Do any of the children in this household usually receive a complete hot lunch offered at school?</b>		<b>4828</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
<b>b. How many children?</b>		<b>4830</b>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div> Children
<b>c. How many complete school lunches do all of the children receive per week?</b>		<b>4832</b>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div> Number of lunches x1 <input type="checkbox"/> DK
<b>d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?</b>		<b>4834</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3f
<b>e. In the past 4 months, were the lunches free, reduced-price, or were they full-price?</b> <i>Mark (X) only one.</i>		<b>4836</b>	1 <input type="checkbox"/> Free lunch — SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
<b>f. What was the average price paid by all of the children for a complete school lunch?</b>		<b>4838</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div> </div> <div style="margin-left: 10px;">x1 <input type="checkbox"/> DK</div>
<b>g. Do any of the children usually receive breakfast at school under the Federal School Breakfast Program?</b>		<b>4840</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
<b>h. How many children?</b>		<b>4842</b>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div> Children
<b>i. How many complete school breakfasts do all of the children receive per week?</b>		<b>4844</b>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div> Number of breakfasts x1 <input type="checkbox"/> DK
<b>j. In the past 4 months, were the breakfasts free, reduced-price, or were they full-price?</b> <i>Mark (X) only one.</i>		<b>4846</b>	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast